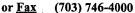




Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

| 22885 75 | E ADDRESS (Note: Use Block 1 for a 190 11/12/2004 | ny change of address) | papers. Each addition | f mailing can only be used for his certificate cannot be used a nal paper, such as an assignment te of mailing or transmission. | or domestic mailings of the for any other accompanying ent or formal drawing, must |
|--|---|--|--|--|---|
| MCKEE, VOORI 801 GRAND AVE SUITE 3200 DES MOINES, IA | | DEC 2 8 2004 | I hereby certify that States Postal Service addressed to the Ma transmitted to the US | ertificate of Mailing or Trans this Fee(s) Transmittal is bein with sufficient postage for fir all Stop ISSUE FEE address PTO (703) 746-4000, on the d | smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below. |
| · | P | 's e [©] | JANE WAG | NER | (Depositor's name) |
| | * | Ex 10° | Jane | Warner | (Signature) |
| | | RADEMARY | 12-22-04 | | (Date) |
| APPLICATION NO. | FILING DATE | FIRST NAME | DINVENTOR . | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 09/698,793 | 09/698,793 10/27/2000 | | . Melick | P04254US1 | 6695 |
| • | | NG DATA INCLUDING A STI | | | |
| | | | | ABRAHA2 0000046 09698 | 3793 |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE 01 | TOTAL FEE(S) DUE | 700.00 DP DATE DUE |
| nonprovisional | YES | \$685-\$700 | \$0 | \$685 \$ 700 | 02/14/2005 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | 7 | |
| HAMILTON, M | ONPLAISIR G | 2135 | 707-100000 | - | |
| CFR 1.363). | | (1) the nor | ting on the patent front page, I | | Lieba o oeloe b |
| CFR 1.363). Change of correspond Address form PTO/SB/12 | ence address (or Change of C 12) attached. ion (or "Fee Address" Indicator more recent) attached. Use | Correspondence (1) the nar or agents (2) the nar registered of a Customer 2 registere | mes of up to 3 registered pate OR, alternatively, | ent attornes CKEE, VOOR a member a nes of up to DES MOINES | Ava Sulta sono |
| CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. | ence address (or Change of C 2) attached. ion (or "Fee Address" Indicat or more recent) attached. Use | Correspondence (1) the nation agents (2) the nating registered 2 registered listed, no r | mes of up to 3 registered pate DR, alternatively, ne of a single firm (having as attorney or agent) and the nai d patent attorneys or agents. I name will be printed. | ent attornes CKEE, VOOR a member a nes of up to DES MOINES | Ava Sulta 2000 |
| CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND | ence address (or Change of C 12) attached. ion (or "Fee Address" Indicator more recent) attached. Use | Correspondence (1) the nar or agents (2) the nar registered of a Customer 2 registere | mes of up to 3 registered pate DR, alternatively, ne of a single firm (having as attorney or agent) and the nat d patent attorneys or agents. I name will be printed. | and attorned CKEE, VOOR 801 Grand a member ap to DES MOINE: f no name is 3 | d Ave., Suite 3200 S, IOWA 50309-272 |
| CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND | ence address (or Change of C 12) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion o | Correspondence (1) the nar or agents (2) the nar registered 2 registere listed, no r E PRINTED ON THE PATENT ow, no assignce data will appref this form is NOT a substitute | mes of up to 3 registered pate DR, alternatively, ne of a single firm (having as attorney or agent) and the nat d patent attorneys or agents. I name will be printed. | a member and to no name is a ment is a member and to no name is a member an | d Ave., Suite 3200 S, IOWA 50309-272 |
| Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE | ence address (or Change of C 12) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion o | Correspondence (1) the nar or agents (2) the nar registered 2 registered listed, no recommendation on the PATENT own no assignee data will apper this form is NOT a substitute (B) RESIDENC | mes of up to 3 registered pate OR, alternatively, ne of a single firm (having as attorney or agent) and the nar d patent attorneys or agents. I name will be printed. (print or type) ear on the patent. If an assig for filing an assignment. | a member and so of up to DES MOINES for name is 3 | d Ave., Suite 3200 S, IOWA 50309-272 |
| Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE LIGHTWAVES | ence address (or Change of C 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion of EE | Correspondence (1) the nar or agents (2) the nar registered 2 registered listed, no recommendation on the PATENT own no assignee data will apper this form is NOT a substitute (B) RESIDENC | mes of up to 3 registered pate DR, alternatively, ne of a single firm (having as attorney or agent) and the nat d patent attorneys or agents. I name will be printed. (print or type) ear on the patent. If an assig for filing an assignment. EE: (CITY and STATE OR CODAR RAPIDS, IOWA | a member and so function a member and so function and so funct | d Ave., Suite 3200 S, IOWA 50309-273 ocument has been filed for |
| Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE LIGHTWAVES | ence address (or Change of C 12) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion of EE SYSTEMS INC. | Correspondence (1) the nar or agents (2) the nar registered 2 registered listed, no recommendation on assignee data will apper this form is NOT a substitute (B) RESIDENCE | mes of up to 3 registered pate DR, alternatively, ne of a single firm (having as attorney or agent) and the nar d patent attorneys or agents. I name will be printed. (print or type) ear on the patent. If an assig for filing an assignment. EE: (CITY and STATE OR CODAR RAPIDS, IOWA | a member and so function a member and so function and so funct | d Ave., Suite 3200 S, IOWA 50309-273 ocument has been filed for |
| Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE LIGHTWAVES lease check the appropriate a. The following fee(s) are of the property of | ence address (or Change of C 12) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion of EE SYSTEMS INC. | Correspondence (1) the nary or agents (2) the narregistered 2 registered listed, no recommendation of a Customer 2. The control of a Customer 2. The control of a Customer 3. The control of a Customer 4. The control of a Customer 4. The control of a Customer 5. The | mes of up to 3 registered pate OR, alternatively, ne of a single firm (having as attorney or agent) and the nat d patent attorneys or agents. I name will be printed. (print or type) for filing an assignment. EE: (CITY and STATE OR CODAR RAPIDS, IOWA) attent): Individual (Fec(s)): in the amount of the fec(s) is e | a member and a mem | d Ave., Suite 3200 S, IOWA 50309-273 ocument has been filed for |
| Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE LIGHTWAVES LIGHTWAVES lease check the appropriate a. The following fee(s) are on the property of the | ence address (or Change of C 12) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion of EE SYSTEMS INC. | Correspondence (1) the nary or agents (2) the narregistered (2) the narregistered 2 registered listed, no recommendation of a Customer (2) the narregistered 2 registered listed, no recommendation on the particular (3) RESIDENC (B) RESIDENC (CED (4)) and the particular (4) Payment of (1) Payment (1) Payment (2) (2) the narregistered (2) the narregistered (2) registered (3) the narregistered (2) the narregistered (3) the narregistered (3 | mes of up to 3 registered pate DR, alternatively, ne of a single firm (having as attorney or agent) and the nar d patent attorneys or agents. I name will be printed. (print or type) ear on the patent. If an assig for filing an assignment. EE: (CITY and STATE OR CODAR RAPIDS, IOWA atent): Individual Fec(s): in the amount of the fec(s) is e by credit card. Form PTO-203 | and attorness KEE, VOOR a member and Ses MOINES for no name is 3 nee is identified below, the depunctory Corporation or other private grounclosed. It is attached. | d Ave., Suite 3200 S, IOWA 50309-272 ocument has been filed for our entity Government |
| Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE LIGHTWAVES LIGHTWAVES lease check the appropriate a. The following fee(s) are on the property of the | ence address (or Change of Ct2) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion of EE SYSTEMS INC. assignee category or categorienclosed: mall entity discount permitted | Correspondence (1) the nar or agents (2) the nar registered 2 registered 2 registered listed, no recommendation of a Customer (2) the nar registered 2 registered 1 registered 2 registered 2 registered 2 registered 2 registered 2 registered 2 registered 3 registered 2 registered 2 registered 3 registered 2 registered 3 registered 2 registered 3 registered 4 registered 2 registered 1 registered 2 registered 1 registered 2 registered 1 registered 2 registered 2 registered 2 registered 2 registered 1 registered 2 registered 2 registered 2 registered 3 registered | mes of up to 3 registered pate DR, alternatively, ne of a single firm (having as attorney or agent) and the nar d patent attorneys or agents. I name will be printed. (print or type) ear on the patent. If an assig for filing an assignment. EE: (CITY and STATE OR CODAR RAPIDS, IOWA atent): Individual Fec(s): in the amount of the fec(s) is e by credit card. Form PTO-203 | and attorness KEE, VOOR a member and ES MOINES for no name is 3 nee is identified below, the dependence of the country of th | ocument has been filed for |
| Change of correspond Address form PTO/SB/12 Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE LIGHTWAVES Please check the appropriate a. The following fee(s) are of the publication Fee (No story advance Order - # of the Change in Entity Status of the Change in Entity Status of the PTO/SB/12 Chan | ence address (or Change of Ct2) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion of EE SYSTEMS INC. assignee category or categorienclosed: mall entity discount permitted. Copies (from status indicated above) | Correspondence (1) the nary or agents (2) the narregistered 2 registered 1 sted, no response of a Customer E PRINTED ON THE PATENT low, no assignee data will apper this form is NOT a substitute (B) RESIDENC CED ites (will not be printed on the parameter of 1 A check in 1 Payment of 1 The Directory of the payment of 1 The Directory of 1 The Dire | mes of up to 3 registered pate OR, alternatively, ne of a single firm (having as attorney or agent) and the nat d patent attorneys or agents. I name will be printed. (print or type) ear on the patent. If an assig for filing an assignment. EE: (CITY and STATE OR CO OAR RAPIDS, IOWA (atent): Individual Fec(s): in the amount of the fec(s) is e by credit card. Form PTO-203 (ctor is hereby authorized by ount Number 26-0084) | ent attornes CKEE, VOOR a member and ES MOINES f no name is 3 nee is identified below, the depunctory Corporation or other private groundlessed. 18 is attached. charge the required fee(s), or (enclose an extra content of the c | ocument has been filed for bup entity Government open overpayment, to opy of this form). |
| Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 on Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE LIGHTWAVES Please check the appropriate a. The following fee(s) are called a. The following fee(s) are called a properties of the publication Fee (No story advance Order - # of the called a properties of the called a prop | ence address (or Change of Ct2) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion of EE SYSTEMS INC. assignee category or categorienclosed: mall entity discount permitted Copies (from status indicated above) MALL ENTITY status. See 3 | Correspondence (1) the nar or agents (2) the nar registered 2 registered 2 registered listed, no recommendation of a Customer (2) the nar registered 2 registered listed, no response to the part of this form is NOT a substitute (B) RESIDENC CED (a) and the part of the pa | mes of up to 3 registered pate DR, alternatively, ne of a single firm (having as attorney or agent) and the nat d patent attorneys or agents. I name will be printed. (print or type) ear on the patent. If an assig for filing an assignment. EE: (CITY and STATE OR CODAR RAPIDS, IOWA atent): Individual Fec(s): in the amount of the fec(s) is e by credit card. Form PTO-203 cotor is hereby authorized by ount Number | ent attornes CKEE, VOOR a member and ES MOINE a member and ES MOINE f no name is 3 nee is identified below, the d DUNTRY) Corporation or other private groundlessed. 18 is attached. 18 is attached. 19 charge the required fee(s), or (enclose an extra c | ocument has been filed for bup entity Government opposed overpayment, to copy of this form). |
| Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE LIGHTWAVES Please check the appropriate a. The following fee(s) are of the United States of the Incomplete of the United States of the Incomplete of the United States of the Incomplete of the Incomplete of the United States of the Incomplete of the United States of the Incomplete of the United States of the United States of the Incomplete of the United States of the Incomplete of the United States of the Incomplete of the United States of the United State | ence address (or Change of Ct2) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion of EE SYSTEMS INC. assignee category or categorienclosed: mall entity discount permitted Copies (from status indicated above) MALL ENTITY status. See 3 is requested to apply the Issue | Correspondence (1) the nary or agents (2) the narregistered 2 registered 1 sted, no response of a Customer E PRINTED ON THE PATENT low, no assignee data will apper this form is NOT a substitute (B) RESIDENC CED ites (will not be printed on the parameter of 1 A check in 1 Payment of 1 The Directory of the payment of 1 The Directory of 1 The Dire | mes of up to 3 registered pate OR, alternatively, ne of a single firm (having as attorney or agent) and the nat d patent attorneys or agents. I name will be printed. (print or type) for filing an assignment. (E: (CITY and STATE OR CODAR RAPIDS, IOWA) (atent): Individual (Section Procession of the amount of the fee(s) is entered by credit card. Form PTO-203 ector is hereby authorized by ount Number 26-0084 (at the standard of the received by out of the reapply any previous or standard or the reapply any previous or the reapply and reapply any previous or the reapply and reapply any previous or the reapply and reapply and reapply any previous or the reapply and reapply any previous or the reapply and reapply and reapply and reapply any previous or the reapply and reapply and reapply and reapply any previous or the reapply and reapply and reapply and reapply any previous or the reapply and reappl | ent attornes CKEE, VOOR a member and ES MOINES for no name is 3 nee is identified below, the depundence of the componence of the compone | ocument has been filed for bup entity Government credit any overpayment, to opy of this form). |
| "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE LIGHTWAVES Please check the appropriate la. The following fee(s) are of law and law advance Order - # of Change in Entity Status a. Applicant claims SN The Director of the USPTO in Number 13-03-03-03-03-03-03-03-03-03-03-03-03-03 | ence address (or Change of Ct2) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO BE an assignee is identified bel 37 CFR 3.11. Completion of EE SYSTEMS INC. assignee category or categorienclosed: mall entity discount permitted Copies (from status indicated above) MALL ENTITY status. See 3 is requested to apply the Issue | Correspondence (1) the nary or agents (2) the narregistered (2) the narregistered 2 registered listed, no response (3) the narregistered 2 registered listed, no response (4) the narregistered (5) t | mes of up to 3 registered pate DR, alternatively, ne of a single firm (having as attorney or agent) and the nat d patent attorneys or agents. I name will be printed. (print or type) ear on the patent. If an assignment. EE: (CITY and STATE OR CODAR RAPIDS, IOWA atent): Individual Fec(s): in the amount of the fec(s) is e by credit card. Form PTO-203 cotor is hereby authorized by ount Number | ent attornes CKEE, VOOR a member and ES MOINES for no name is 3 nee is identified below, the depundence of the componence of the compone | ocument has been filed for boup entity Government opposed of this form). Gredit any overpayment, to opp of this form). |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.